DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505273	A. BUILDING _____ B. WING _____	C 10/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE CARE & REHABILITATION - CAMAS	740 NE DALLAS STREET CAMAS, WA 98607

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This report is the result of an unannounced Abbreviated Survey conducted at Prestige Camas on 10/29/2013. A sample of 5 residents was selected from a census of 63. The sample included 4 current residents and the record of 1 former and/or discharged resident. The following complaint was investigated: #2884197 The survey was conducted by: [redacted] RN, MS The survey team is from: Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 3, Unit D 5411 East Mill Plain Blvd., Suite 203 Vancouver, WA 98661 Telephone: 360-397-9550 Fax: 360-992-7969 Residential Care Services 11/6/13 Date	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Prestige Care and Rehabilitation - Camas** does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency." RECEIVED NOV 20 2013 DSHS/ADSA/RCS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

11/16/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282 SS=G	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide services in accordance with each resident's written plan of care for 1 of 5 residents (#1, former/discharged) when they failed to have 2 caregivers (deemed necessary according to the assessment and care plan) provide bedside care. This failure caused harm when the Resident sustained a fractured arm after falling out of bed during care being provided by 1 (one) caregiver. Findings include: Resident #1 was admitted to the facility on [redacted]/06 and had resided there continuously with the exception of brief hospitalizations with diagnoses to include a stroke with weakness on one side of the body, diabetes and seizure disorder. Resident #1 was discharged to the hospital on [redacted]/13 for an acute [redacted] problem. According to the Minimum Data Set (MDS), as assessment tool, dated 08/07/13, the resident was totally dependent on staff for activities of daily living (ADLs). The resident was moderately cognitively impaired and was not able to walk. The resident was on an air mattress while in bed to prevent skin breakdown, to provide comfort and because of immobility. The residents plan of care (based on	F 282	**F282** 1.Resident #1's care plan and in-room care plan were reviewed for appropriateness and completeness. Discussion was held with facility administration and family members regarding any care plan changes deemed appropriate. Care plan was updated with new interventions. Resident #1 no longer resides in the center. 2.Residents with like ADL assistance needs and similar equipment in use were audited to ensure appropriate care plans are in place and followed by staff. 3.On 9/28/2013, nursing staff were re-educated by DNS regarding the importance of following the comprehensive and in-room care plans. SDC and DNS to continue to provide education regarding care plans during general orientation.	

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F 282	Continued From page 2 assessment), dated 8/9/13, specified to "Place resident on center of bed for safety" and "Assist resident to reposition as needed every 2-4 hours" and "Provide care per in room care plan". According to the in-room care directive, the resident required 2 person assist for transfers, was non-ambulatory (not able to walk) and required 2 (two) person assist for bed mobility. The in-room care directive also called for 2 persons to assist with bowel and bladder care. On 9/28/13 at 03:45 a.m., according to a facility incident investigation form regarding the resident falling onto the floor, Nursing Assistant (NAC) A "Called for help, staff immediately responded and found resident on the floor". The physician and family were immediately notified and the resident was sent to the hospital for treatment. Chart notes indicated the resident sustained a right humerus (arm) fracture and a bump on the head from the fall. Investigation revealed NAC A "Did not follow the care plan and provided the resident care with bed mobility and no other staff assistance. The resident was receiving incontinence care and was rolled too far to one side, resulting in falling out of bed. The resident sustained a humerus fracture." On 10/29/13 at 10:15 a.m., the Director of Nursing stated "The NAC (A) did not follow the care plan. The resident (#1) required 2 persons for care. The NAC tried to provide care by self. The NAC had received proper training and knew the importance of following the care plan. The resident was sent to the hospital. The resident probably should have had surgery to repair the fracture, but it was determined to use pain medication and a splint instead, because it was	F 282	4.Audits of CNA staff will be randomly performed by SDC, DNS or designee to ensure that care plans are being followed. Nursing staff will continue to be re-educated regarding the following of care plans. 5.Corrective action will be complete by November 20, 2013.	

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F 282	Continued From page 3 thought the resident would not be able to tolerate surgery. The resident returned to us after the fall, but is currently hospitalized for another medical problem." At 11:45 a.m., Licensed Nurse (LN) D stated "We usually do 3 days of orientation for our newly hired NAC staff, but we had extended the orientation for NAC A because he was a new nursing assistant. Our policy is that any resident on an air bed is always a 2 person assist with care because residents can fall during repositioning if they get too close to the edge of the bed." At 2:40 p.m., NAC A was interviewed by telephone regarding the above incident, and stated "I should have had another person help me. I got in a hurry and made a mistake. I did not read the in-room care directive."	F 282		